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|   |  |                                     |                        |
|---|--|-------------------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b>            |                        |
| <b>FEETRANSMITTAL</b><br><b>For FY 2009</b>   |  | Application Number                  | 10/561,082-Conf. #6131 |
|   |  | Filing Date                         | January 29, 2007       |
|   |  | First Named Inventor                | Davy Jacobs            |
|   |  | Examiner Name                       | K. C. Verdi            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Art Unit                            | 2194                   |
| TOTAL AMOUNT OF PAYMENT (\$ 130.00)   |  | Attorney Docket No. S1022.71021US00 |                        |

**METHOD OF PAYMENT** (check all that apply)

|  |   |                                      |                               |   |
|--|---|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check           | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account |   | Deposit Account Number: 23/2825      |                               | Deposit Account Name: Wolf, Greenfield & Sacks, P.C.    |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 |   |
| <input type="checkbox"/> Credit any overpayments   |   |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                          | SEARCH FEES |                          | EXAMINATION FEES |          | Small Entity<br>Fee Paid (\$) |
|------------------|-------------|--------------------------|-------------|--------------------------|------------------|----------|-------------------------------|
|                  | Fee (\$)    | Small Entity<br>Fee (\$) | Fee (\$)    | Small Entity<br>Fee (\$) | Fee (\$)         | Fee (\$) |                               |
| Utility          | 330         | 165                      | 540         | 270                      | 220              | 110      |                               |
| Design           | 220         | 110                      | 100         | 50                       | 140              | 70       |                               |
| Plant            | 220         | 110                      | 330         | 165                      | 170              | 85       |                               |
| Reissue          | 330         | 165                      | 540         | 270                      | 650              | 325      |                               |
| Provisional      | 220         | 110                      | 0           | 0                        | 0                | 0        |                               |

**2. EXCESS CLAIM FEES****Fee Description**

| Each claim over 20 (including Reissues)            | Fee (\$) | Fee (\$) |
|--|----------|----------|
| Each independent claim over 3 (including Reissues) | 52       | 26       |
| Multiple dependent claims                          | 220      | 110      |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - or HP =    | x            | =        |               |                           |          |               |

|   |  |
|---|--|
| HP = highest number of total claims paid for, if greater than 20. |  |
| Indep. Claims   |  |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |  |  |
|---------------|--------------|----------|---------------|--|--|
| - or HP =     | x            | =        |               |  |  |

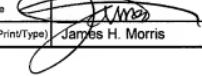
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50 =        | (round up to a whole number) x                   | =        |               |

| 4. OTHER FEE(S)   | Fee Paid (\$) |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount)                     |               |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | 130.00        |

|                   |   |                                      |                  |
|-------------------|---|--------------------------------------|------------------|
| SUBMITTED BY      |   | Registration No.<br>(Attorney/Agent) | Telephone        |
| Signature         |  | 34,681                               | 617.646.8000     |
| Name (Print/Type) | James H. Morris   | Date                                 | February 1, 2010 |

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 2 - 1 - 10

Signature: 